	155 V
ARIZONA STATE B	BOARD OF HEALTH State File No
BUREAU OF VI	TAL STATISTICS
LACE OF BIRTH STANDARD CERTI	IFIGATE OF BIRTH
unty Dila State arizona	
strict or Township or Village	
ity Mami No. 69 Do	ward in a hospital or institution, give its NAME instead of street and number)
Full name of child Walente Bribels Cas [If child is not yet named, make supplemental report, as directed.	
Sex of Child To be answered ONLY 4. Twin, triplet or other in event of plural births. 5. No., in order of birth.	of birth au & 1/081
uli name /)a lente Bribils cas	14. MOTHER Sull maiden name Ollburia Hermande
Residence (Usual place of abode)	15 Residence (Usual place of abode)
If non-resident, give place and state. Wyona-	If non-resident, give place and state.
0. Color or race	16 Color or race
Mey 11. Age at last birthday 3.6 (Years)	Met. 17. Age at last birthday 32 (Years)
2. Birthplace (city or place). Chihuahua	18. Birthplace (city or place) Chihuahua
(State or country) Melf.	(State or country)
	19. Occupation
3. Occupation Nature of industry	Nature of industry
Miner	11 Strisewije
0. Number of children of this mother (a) Born slive s	and now living 5 21. Were precautions taken against oph-
Taken as of time of birth of child herein ertified and including this child.) (b) Born anver (c) Stillborn	
OPPERINGATE OF ATTENDING PHYSICIAN OR MIDWIFE* 300	
hereby certify that I attended the birth of this citied, who was (Born-alive or stillbors)	
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	
shows other evidence of life after offth.	
Siven name added from supplemental report. Month, day, year Address / Warn / Wyork	
5225-129-489 Régistrar Filed Flut 5, 19 8 6 6 Registrar	